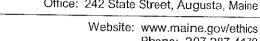


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## COMMISSION ON GOVERNMENTAL ETHICS 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

	LEGISLATOR INFORMATION	
Robert A. Be	reube	Member of:  ☑ House ☐ Senate
Mailing address  AYTOM R.		District 104
City, zip code  Le Stone me	04720	Phone 353-4059
PART 1. INCOM  List the name and address of each emploincipal type of economic activity of each emploincipal type of economic activity of each emploincipal type.	JE DERIVED FROM EMPLOYMENT BY A	일하면 나라를 들었다. 하는 그들은 그 전 나를 하고 있다.
Name of Employer	Address	Principal Type of Economic Activity of Employer
Kellar WILLIAMS Realty mid-maine	34 Center ST Aburn, Me	Real ESTATE SALOS/INVOSTMENTS
MAINE LOSISLATURE	pisosta me	Government.
PART 2. INC (For A. List the name and address of your bust derived income. If associated with a partner areas of economic activity of that entity.	come derived from Self-Employm r Legislators who are self-employed.) siness, if any, and list the major areas of ership, firm, professional association, or si	f economic activity from which we
enteres propositional and was account of the second section of the section of the second section of the se	The state of the s	Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activi (self)	ty Activity (partnership, association or similar business entity)

PART 2 (continued). INCOME DERIVED FF (For Legislators who are self-en		
B. List each source of income derived from self-employment that represents r is greater, and specify the principal type of economic activity of the entity or pedisclosure is prohibited by law, rule, or an established code of professional et the entity or person from whom the income was derived.	erson from whom you derived such income. If this for hics, specify only the principal type of economic activi	m of ity of
Name and Address of Source	Principal Type of Economi Activity of Entity or Person W is the Source of the Incom	Vho:
Name: Address: NA		
Name: Address:		
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-	などは痛られるものに、痛ななになって、 アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・ア	
List your major areas of practice. If associated with a law firm, list the major at	reas of practice of your firm.	
Name and Address of Firm	Major Areas of Practice Major Areas of Pract (self) (firm)	ice
Name: Address:		
Name: Address:		-
PART 4. OTHER SOURCES	OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of th		
		·
☐ None  Name and Address of Source	Kind of Income (investments, leases, etc.)	
Name: Address: U A		
Name: Address:		
PART 5. REPORTABLE LIA	ABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list loans from a relative. If	ou received during the reporting period, and list the m	ajor
None		
Name and Address of Creditor	Principal Type of Economic Activity of Creditor	
Name: WAA	NEADS AND	
Name:		
Address:		
PART 6. REPORTABLE	GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an ag	**	. If
□ None MA		·
Name of Source of Gift  1. 3.	Name of Source of Gift	
2.	na film that the result of the second of the	

<i>P</i>			. •	
PART 7. REPORTABLE			<u>a</u>	2 PM
List the source of any honoraria accepted for appearances or speeches r	elated to	your officia	I duties. If none, check the bo	ox.
□ None				a same
Name of Source of Honoraria	t type s	Nam	e of Source of Honoraria	Standard Company (State Company (Sta
1.				
.2.	······································	· · · · · · · · · · · · · · · · · · ·	White course of the property of the Administration of the Property of the Property of the Administration of the Property of the	2014
4.	······		·	
PART 8. REPRESENTATION BEF		A	· · - 2	
List each executive branch agency before which you represented or ass the box.	sisted oth	ers for cor	npensation of any amount. If	none, check
□ None MA				Э алдамия посторующего установания постанования в городина и постанования в городина в городина и постанования в городина и постанования в городина в го
Name of Agency			Name of Agency	L. Magaintin and Asper or Freedomine or
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3.	73.98° (	00774/2004 Anniem 1990 (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (19		1970 S. A.
2. 4.				
DART O DIGITEO WITH				
PART 9. BUSINESS WITH S  List each executive branch agency to which you or a member of your imn \$1,000 during the reporting period. If none, check the box.				in excess of
□ None W/A	· · · · · · · · · · · · · · · · · · ·		"Whiteless are the production of the state o	2400 da
Name of Agency	CONTROL OF THE PARTY OF THE PAR		Name of Agency	
1			Name of Agency	<u> </u>
3.	700 \$10.42.00	****		**************************************
2. 4.	•		e e e e e e e e e e e e e e e e e e e	* 17*
PART 10. INCOME RECEIVED BY MEMI	DEDS O	EMANIES		
List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do "D" for income received by dependents.	\$1,000.4	or more rec	ceived by your enouge or dea	endent child by spouse or
Type of Economic Activity Representing Source of Income Received	appro	rcle opriate	Kind of Income	
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2.	S	D		
3.	S	D	A contract of the contract of	
4.	S	D	A to a section of processes they desired the control of the contro	**************************************
SIGNATURE				
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)	to a fine	of \$10 pe	er business day until the re	port is filed.
The intentional filing of a false statement is a Class E crime. If the Committee of the com	ommieei	on conclus	too that it appears that	
willfully filed a false statement, it shall refer its findings of fact to the Atto	rney Ge	neral.	les triat it appears that a Le	gislator has
If the Commission determines that a Legislator has willfully failed to file the Legislator shall be presumed to have a conflict of interest on evquestion in committee or in either branch of the Legislature, and sha (1 M.R.S.A. § 1019)	erv que	stion and	shall be precluded from you	ting on envi
Calut A. Berns			<u> </u>	
		01-0	3-08	
Signature			Date	İ

Date

NAME:	. •						DATE:			<u>.</u>	•	
ADDRESS:									1			
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Please provide information you	any additional are providing.	information	below	(and on	additional	sheets if r	needed).	Indicate	the part or	section	numbe	r for the
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